

STATE OF NEW HAMPSHIRE



APPLICATION

for

CERTIFICATE OF NEED

Pursuant to RSA 151-C

Name of Applicant

Address of Applicant

CERTIFICATION

To the best of my knowledge, the undersigned signifies that the information contained in this application is true and accurate and that the information complies with the Board's application requirements contained in Chapter He-Hea 300, for which a certificate of need is sought.

Signature of Owner or Governing Body's Designee

Date

SECTION I

IDENTIFICATION DATA

Please provide the following information:

(1) Legal name of the owner or operator (if not a owner) of the proposed service or facility: _____

(2) Name of Contact Person (please indicate whether person is Owner, Operator or Other): _____

(3) Address: _____

(4) Telephone Number: () _____ ext. _____

(5) Fax Number: () _____

(6) E-mail Address: _____

(7) List of Officers, Managers, Directors, Trustees and Affiliates: _____

(8) Facility Type: Acute Care Hospital: _____
 Specialty Hospital: _____
 Nursing Home: _____
 Ambulatory Care Facility: _____
 Continuing Care Retirement Community: _____
 Other (specify): _____

(9) Date of Request for Proposal: _____

(10) Total Project Cost: \$ _____

Note: This cost should equal the total project cost reported on page 16

(11) Estimated date construction will commence: _____

(12) Estimated date of substantial completion: _____

(13) Proposed hours of operation of the service and plans, if any, to make the services available during other hours: _____

SECTION II

PURPOSE AND SCOPE OF PROPOSED PROJECT

(1) Please describe the problem(s) you are addressing in this project.

(2) Please state the achievable goals and objectives to solve the problem(s) identified in (1) above.

(a) Please explain what will be accomplished as a result of the proposed project and the expected results.

(b) Please provide an evaluation of alternative technologies and products for the services contemplated by your project, including:

- 1) A description of available technologies and products that you intend to purchase in connection with the project;
- 2) The service capabilities of such products or technologies;
- 3) Service capabilities of other comparable products or technologies that are not available from the product or technology you intend to purchase in connection with the project; and
- 4) The reasons that you chose the selected product or technology instead of other available technologies.

(c) Please evaluate the impact on the health care system of the service capabilities described above being unavailable.

(d) Please evaluate the availability of the service to members of the population, including a list of managed care organizations with which you maintain a contract or propose to contract.

(e) Please evaluate the affordability of the services to be offered pursuant to the project, and service capabilities that are not available through the proposed project, but which are available pursuant to alternative technologies and equipment described in (b) above.

(f) Please evaluate the impact of the proposed project on the medically underserved population.

(g) Please highlight the innovative features of the proposed project.

(3) Please include a management plan which specifies the actions, roles and capabilities of the individuals responsible for the management and operation of your services and/or programs.

(4) Please include a 36-month timetable outlining the process needed to effectuate the objectives stated above.

SECTION III**STANDARDS AND CRITERIA**

PLEASE USE THIS SECTION TO ADDRESS THE APPLICABLE STANDARD FOR THE PROJECT UNDER REVIEW.

(1) Please indicate by making a check mark next to the rule that applies to the project under consideration in this application (check only one):

<input type="checkbox"/>	Magnetic resonance imaging scanner projects	He-Hea 600
<input type="checkbox"/>	Physical rehabilitation facility projects	He-Hea 700
<input type="checkbox"/>	Psychiatric facility projects	He-Hea 800
<input type="checkbox"/>	Long term care facility projects	He-Hea 900
<input type="checkbox"/>	Acute care facility projects	He-Hea 1000
<input type="checkbox"/>	Cardiac services projects	He-Hea 1100
<input type="checkbox"/>	Transfer of ownership projects	He-Hea 1200
<input type="checkbox"/>	Substance abuse facility projects	He-Hea 1300
<input type="checkbox"/>	Extracorporeal shock wave lithotripsy projects	He-Hea 1400
<input type="checkbox"/>	Megavoltage radiation therapy projects	He-Hea 1600
<input type="checkbox"/>	Computerized tomography projects	He-Hea 1700
<input type="checkbox"/>	Ambulatory Surgical Facilities	He-Hea 1900
<input type="checkbox"/>	Positron Emission Tomography (PET) Imaging	He-Hea 2000
<input type="checkbox"/>	Other (specify)	

(2) For this section, please address all of the standards and criteria that are applicable to the project under review (refer to above). If a particular standard or criterion does not apply to the project under consideration, please respond to that particular standard or criterion by stating "Not Applicable".

SECTION IV - PROJECT COMPONENTS

Please note: If any portion of the following sections have no bearing on the project under consideration, please respond by stating "Not Applicable".

PART A – DEMONSTRATION OF PUBLIC NEED (He-Hea 303.02)

(1) Please provide a description of the project's location in the service/market area, the proposed hours of operation of the new service and the reasons for choosing such location, including:

(a) A city or county map indicating the location of the proposed project and the location of other facilities within your service area that offer the services proposed or similar or related services; and

(b) A copy of a site plan, if available.

(2) Completely describe the services that are under consideration for this certificate of need (CON), including recognized categories of the service(s) and service capabilities not available through the technology or equipment the applicant proposes to purchase or use, but which are available through alternate technologies.

(3) Please describe the current health care system in which your proposed project shall be located and include:

(a) An outline of the geographic area with a listing of the cities and towns in the primary and secondary service/market areas;

(b) A description of the target audience indicated by age and sex cohorts;

(c) An outline of the utilization rates of services expressed as:

- 1) Patient days and patient days per thousand residents;
- 2) Hours;
- 3) Procedures and procedures per thousand residents;
- 4) Scans and scans per thousand residents;
- 5) Encounters and encounters per thousand residents; or
- 6) Other such terms as relates to the proposed project.

(d) The rates identified in (c) above shall be individually stated for each of the following categories:

- 1) Medicare;
- 2) Medicaid;
- 3) Private payor;
- 4) Commercial insurance; and
- 5) Other.

(4) Please describe the road network, travel conditions and, if any, the existence of access problems in the service/market area in which your proposed project shall be located.

(5) Please describe the project's relationship to the service/market area, region and the state as a whole or in terms of types and/or quantities of services.

(6) Please describe the health needs of the current population in the proposed service/market areas and your proposed plans to provide services to specific populations that are not being served locally, regionally or statewide at the present time. If a statistical model was used to determine the need for this project, please include a demonstration and discussion of that model.

(7) Please provide an evaluation of the alternative proposals you considered in the development of this application which examines the current inventories of beds, services, equipment or trends in the region and the state including an evaluation of the service capabilities of equipment and technologies to be used in connection with the project and an evaluation of alternate technologies that addresses:

(a) The capability of such technology to provide diagnostic information or therapeutic treatment similar to the equipment that you propose to acquire;

(b) The capability of such technology to provide diagnostic information or therapeutic treatment that the equipment you propose to acquire does not have;

(c) The capability of such technology to be used with respect to a class of patients that the equipment you propose to acquire does not have; and

(d) Whether the technology is existing in the market or publicly known to be under development at this time.

(8) Please describe your project's uniqueness in terms of services, service delivery or specific population groups that you have identified in your service/market area, region of the state and/or the state as a whole.

(9) Please describe the accessibility of the proposed service to the population in the service area, including accessibility to managed care and Medicaid patients.

(10) Please evaluate your project's ability to maintain or improve:

- (a) Quality of care;
- (b) Access and availability to health services; and
- (c) Cost effectiveness of health services provided.

(11) To the extent data is available, please provide a statistical report which shows how the proposed project is projected to affect the proposed service area in terms of:

- (a) Utilization;
- (b) Patient charges;
- (c) Market share;
- (d) Physician referral patterns; and
- (e) Personnel services.

(12) Please provide any correspondence from other facilities in the service area regarding the impact of the proposed project including the continued ability to:

- (a) Maintain quality services;
- (b) Provide essential community services;
- (c) Provide emergency services; and
- (d) Provide charity care.

**PART B - INTEGRATION OF THE PROPOSED PROJECT INTO THE
CURRENT HEALTH CARE SYSTEM (He-Hea 303.03)**

- (1) Please describe the programs you propose which are intended as service linkages with other health care facilities and programs to maintain continuity and enhancement of patient care including the nature of the new institutional health care services to be provided as a result of the project.
- (2) Please describe the plan, if any, for making the proposed service available on a 24 hour a day, 7 day a week basis, if applicable.
- (3) Please describe the anticipated outcome of integrating the proposed project into the existing facility, particularly as it affects the inter- and intrafacility programs.

**PART C – ACCESSIBILITY OF THE PROPOSED PROJECT TO THE
MEDICALLY UNDERSERVICED (He-Hea 303.04)**

(1) Please identify the medically underserved population which this project will affect, including but not limited to:

- (a) Indigent and low income persons;
- (b) Persons who are uninsured;
- (c) Persons for whom language is a barrier;
- (d) Persons classified as having a disability under the Americans with Disabilities Act, Section III;
- (e) Persons residing in a state or federally designated health shortage service area; and/or
- (f) Other (specify).

(2) Please discuss how health care services are provided to 100% of the identified medically underserved population by identifying the delivery method as:

- (a) A direct service offering;
- (b) A service contract with another supplier; or
- (c) Both (a) and (b).

(3) Please discuss how health care services are provided to 100% of the medically underserved population(s) by identifying:

(a) The accommodations made for persons with a recognized disability under the ADA in terms of:

- 1) Ramps;
- 2) Signage;
- 3) Parking; or
- 4) Other arrangements;

(b) The assistance provided to persons for whom language is a barrier, including but not limited to:

- 1) Human interpreters;
- 2) Interpretive telephone service;
- 3) Personal translation service;

4) Any American Sign Language interpretation service; and

(c) The application of a written financial assistance plan offered to persons who are uninsured or who do not have the financial resources to pay for services offered by the proposed project due to financial hardship.

(4) Please supply a copy of a written financial assistance plan identified in (c) that contains the following:

(a) Proof that 100% of uninsured individuals with household income of up to or less than 150% of the federal poverty level receive free care, subject to a reasonable and nominal payment by the patient not to exceed a total sum of \$100.00, which shall be waived by a showing of financial hardship;

(b) The application forms and written instructions provided to any person who expresses an inability to pay for services at the facility;

(c) The written determination procedures for eligibility for the program, including a statement of services and charges that have been provided at the facility;

(d) The written procedures for appeal of the determination for any person denied eligibility;

(e) A description of the communication procedures used to inform the public of such policy, including:

1) Posting of the policy;

2) Referencing such policy in all public notices of service availability; and

3) The availability of staff to assist patients in all aspects of eligibility;

(5) For existing facilities, please supply a report that states the total amount of uncompensated care provided to persons for the preceding 12 months, including:

(a) Total number of persons served;

(b) Total dollar amount of uncompensated care expended; and

(c) Total dollar amount expressed as a percentage of gross revenue.

PART D – QUALITY OF CARE/COMPLIANCE (He-Hea 303.05)

(1) In order to ensure that your project complies with state and federal regulations and accrediting agencies in terms of access, safety code regulations, physical plant specifications and service delivery, please include the following information in your application:

- (a) Copies of inspection surveys and reports from State, Federal and accrediting agencies, as applicable;
- (b) If applicable, a copy of the plan of corrective action to eliminate the deficiencies that have been cited by governmental and/or accrediting agencies to your facility;
- (c) A copy of an existing or proposed quality assurance plan to enhance the delivery of services;
- (d) Evidence of the effectiveness of any existing quality assurance program of your facility or any affiliate;
- (e) An evaluation of the quality of any equipment or technology to be used or purchased in connection with the project, as compared to other available technologies or equipment described in He-Hea 303.02(b)(6); and
- (f) A report which details how services are or will be located in an environment that is free of excessive noise, dust, hazards or other problems which may be detrimental to patients in terms of safety and comfort.

(2) Please provide a **signed statement** by the owner or chief executive officer of the applicant attesting that:

- (a) No current officer, manager, director or trustee of the applicant and no facility owned or operated by the applicant, its parent or any officer, manager, director, or trustee of the applicant or affiliate has had its operating license revoked, Medicare or Medicaid certification or participation involuntarily terminated and such license or participation has not been reinstated; nor has the applicant, parent organization, affiliated organization or current officer, manager, director or trustee been found liable of civil or criminal Medicare or Medicaid fraud;
- (b) Neither the applicant nor any affiliate has been convicted or found liable for a pattern of patient abuse; and

(c) Agreements between the applicant and any other person relating to the proposed service are not inconsistent with a reasonable interpretation of any federal or state anti-referral or fraud and abuse prohibitions.

(3) If you are unable to provide the signed statement described in (2) above, or a similar signed statement described in any standard applicable to any specific institutional health service, please provide:

(a) A signed statement setting forth the facts and circumstances which are inconsistent with the content of the statement described in (2) above;

(b) Evidence which demonstrates that the inconsistent facts and circumstances shall not affect the integrity of the services provided by this project; and

(c) A signed statement containing as much of the content of the statement described in (2) above or other standard as is true.

**PART E - PROJECT AFFORDABILITY/FINANCIAL FEASIBILITY
(He-Hea 303.06(b)(1) – (3))**

- (1) Please provide a statement of sources of funds that are/will be available to support the project, including your own sources in the form of equity and/or borrowings from a lender.
- (2) Please discuss the current financial climate of the region in which your facility is or will be located as well as the state as a whole.
- (3) Please discuss the effect your project will have on operating and capital expenses and income for the period immediately prior to, during and for 3 years after project completion.
- (4) Please include in your application a financial study indicating that revenues shall be available in sufficient quantity to support the present operating levels, the added operating costs and, if applicable, the added debt service of your facility.
- (5) Please provide a study of the anticipated impact the proposed project will have on costs and charges on your facility by including:
 - (a) Your proposed charges for the project's services for a period of 3 years after project completion; and
 - (b) Your anticipated adjustments to charges for your other health care services as a direct result of the project through the end of the third year following project completion.

PART F - CONSTRUCTION METHODS (He-Hea 303.06(b)(4))

Please include in the application a report which provides an overall analysis of the methods of construction considered in developing your project and include the following information:

- (1) A description of the type of construction according to the Marshall and Swift categories outlined in Section 15;
- (2) Drawings of floor plans providing:
 - (a) A depiction of your facility prior to and after project completion; and
 - (b) The floor layout including the size and number of all rooms including the size of the scale used in the development of the overall plans.
- (3) A discussion of the structural design as it relates to the possibility of vertical and/or horizontal expansion of the building(s);
- (4) A site plan which indicates:
 - (a) The orientation of the building(s) on the property;
 - (b) The main entry way; and
 - (c) The relationship of these locations to the northern point on the compass.
- (5) An indication of the anticipated useful life of the building(s); and
- (6) A description of the end results of your proposed project in terms of construction, renovation and alterations.

PART G – PROJECT COSTS (He-Hea 303.06(b)(5) and (6))

(1) Please include in your application an outline of the project costs and include the following items:

I. FEES

1) Legal fees which include the anticipated state, local or other fees for licenses, permits or other regulatory requirements associated with your project.	
2) Consulting fees which include the anticipated fees to be charged by individuals under contractual arrangement for services rendered in relation to this project.	
3) Financial feasibility fees which include the anticipated fees to be charged by an accountant or financial advisor in the preparation of the financial statements and feasibility study for this project.	
4) Architect and engineering fees which include the anticipated fees to be charged by an architect and/or engineer in the preparation of drawings and plans for this project.	
5) Other fees, which include any other fees that are associated with this project but are not included in 1) to 4) above (specify).	
Subtotal, Fees	

II. LAND ACQUISITION & SITE DEVELOPMENT

1) Real estate acquisition, including the anticipated cost of acquiring land and/or buildings to accommodate this project.	
2) Site preparation, including the anticipated cost of preparing the building site for construction, alteration or renovation such as, but not limited to, excavation and backfilling.	
3) Costs for utilities, including the anticipated cost of expanding, replacing or adding new utilities for water, electricity, telephone and sewage.	
4) Soil survey and evaluation costs, including the anticipated cost of conducting such surveys in order to obtain local, state or federal building permits.	
Subtotal, Land Acquisition & Site Development	

III. RELOCATION/MOVING COSTS

1) Temporary relocation costs which include the anticipated cost of relocating patients and/or services to a temporary site until the proposed construction, alteration or renovations are completed.	
2) Moving costs which include the anticipated cost of moving patients and/or equipment from the existing facility to the proposed new facility.	
Subtotal, Relocation/Moving Costs	

IV. CONSTRUCTION COSTS

1) Labor for new construction.	
2) Labor for renovations and/or alterations.	
3) Materials for new construction.	
4) Materials for renovations and/or alterations.	
5) Fixed equipment for new construction that is affixed to the building.	
6) Fixed equipment for renovations and/or alterations that is affixed to the building.	
Subtotal, Construction Costs	

V. OTHER CONSTRUCTION COSTS

1) Demolition costs which include the anticipated cost of eliminating existing structures on the property to allow the proposed new construction.	
2) Contingency costs which include a sum of money budgeted based on the overall construction costs to pay for costs such as change orders that may materialize during the course of the project which were not included in the initial plans.	
3) Insurance costs during construction which include the anticipated cost of insurance coverage during the course of the construction project.	
4) Interest costs during construction which include the anticipated amount of interest to be paid on the construction loan until permanent financing is obtained.	
Subtotal, Other Construction Costs	

VI. MAJOR MOVABLE EQUIPMENT

Major movable equipment including the anticipated cost of all equipment that is not permanently affixed to the building (please include an itemized list).	
Subtotal, Major Movable Equipment	

VII. FINANCING COSTS

1) Bond discount which includes the anticipated sale of bonds on the market at a price less than the face amount of such bond.	
2) Debt service reserve which includes funds held by a trustee under the terms of a bond issue to ensure the payment of principal and interest on long-term debt other than revenue bonds.	
Subtotal, Financing Costs	

VIII. TOTAL PROJECT COST

Total Project Cost (Sum of sections I through VII above)	
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(2) If you do not consider any of the foregoing costs to be capital expenditures pursuant to RSA 151-C:2, VI, please provide an appropriate citation of generally accepted accounting principles and demonstration of consistent application thereof in your financial accounting practices to support your claim.

PART H - ANTICIPATED EFFECTS (He-Hea 303.06(c))

Please describe the effect your proposed project will have on:

- (1) Insurance providers including Medicare, Medicaid, and insurance companies;
- (2) Alternative delivery systems such as health maintenance organizations, preferred provider organizations and independent practice organizations;
- (3) Other payors for health care services, including employers and individuals;
- (4) The availability and affordability of the services represented by the project to persons who are uninsured or otherwise do not have the financial resources to pay for the service; and
- (5) The availability and affordability of service capabilities that are not available using the equipment and technologies that are expected to be used in the proposed project, but which are available in the market or under development as of the date of the application.

**PART I - ACCESS TO AND EFFECT ON TRAINING PROGRAMS
(He-Hea 303.07)**

Please provide a report which identifies the resources which are/will be available in your facility to provide access to professional training programs, which addresses:

- (1) The effect your project will have, if any, on the clinical needs of health professional training programs in your geographical area; and
- (2) The extent to which health professional schools will have access to the services for training purposes.

PART J - PROJECT SUPPORT (He-Hea 303.08)

Please provide a report which indicates the degree of support you received or expect to receive for your proposed project and include:

- (1) The degree of support expressed by other health care providers in the region and the state;
- (2) Support from the businesses industry and third party payors in the region and the State indicating the anticipated financial impact, if any, your proposed project will have on insurance premiums; and
- (3) Support from any and all other interested persons.

PART K - RELATIVE STANDARDS (He-Hea 303.09)

Please address the relative standards listed below:

- (1) Please explain how the proposal will be the most cost effective means of providing the service and other related services available through alternate products or technologies.
- (2) Please explain how the proposal will provide the highest quality and scope of services.
- (3) Please explain how the services to be provided will be the most affordable to the public.
- (4) Please explain how the proposal maximizes the availability of services to the medically underserved population, expressed in terms of:
 - (a) Accommodations made for persons with a recognized disability under the ADA;
 - (b) The assistance provided to persons for whom language is a barrier; and
 - (c) The financial assistance provided to persons who are uninsured or for whom paying for services would be a financial hardship.
- (5) Please explain how the proposal minimizes the potential that other services, including service capabilities that your project will not provide, will be or will become unavailable in the service area, or that the unavailability of such service capabilities will not have a materially detrimental effect on the delivery of health care in the service area.
- (6) Please discuss how the implementation of your proposal will maximize the benefits which will accrue to the service area.
- (7) Please explain how your proposal will exhibit the greatest degree of service sharing or linkages with other health care providers.
- (8) Please explain how your proposal will have the least effect on your facility's and other providers' operating costs.

SECTION V

APPENDIX

Please include any supporting information, documents and exhibits in a section of the application designated as the Appendix, with each section appropriately labeled and all pages numbered.